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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
 FILL OUT ALL BLANKS.
 AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH | | ARIZONA STATE BOARD OF HEALTH | |
|---|---|--|--|
| BUREAU OF VITAL STATISTICS | | State Index No. 153 | |
| County <u>Graham</u> | District <u>Safford</u> | County Registered No. <u>4</u> | |
| Town <u>1</u> | Or City <u>1</u> | Local Registrar's No. <u>4</u> | |
| No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.) | | | |
| FULL NAME <u>Millie May Birden</u> | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH | |
| SEX <u>Female</u> | Color or Race <u>White</u> <input checked="" type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican | DATE OF DEATH <u>Jan 8</u> 191 <u>7</u> (Month) (Day) (Year) | |
| DATE OF BIRTH <u>May 18</u> 18 <u>73</u> (Month) (Day) (Year) | | I hereby certify, that I attended deceased from <u>Jan 6</u> 191 <u>7</u> to <u>Jan 8</u> 191 <u>7</u> ; that I last saw h. alive on <u>1-8</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>9:35 P.M.</u> The DISEASE or INJURY causing death was as follows: <u>Acute Bright's</u> <u>infectious or Chronic</u> <u>Bright's</u> | |
| AGE <u>43</u> yrs. <u>7</u> mos. <u>2</u> days If less than 1 day _____ hrs., or _____ min. | | (Duration) _____ yrs. _____ mos. _____ days | |
| OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____ | | Was disease contracted in Arizona? <u>yes</u> If not, where? _____ | |
| BIRTHPLACE (State or country) <u>Utah</u> | | CONTRIBUTORY <u>Respiratory, G. & D. Infection</u> (Duration) _____ yrs. _____ mos. _____ days | |
| NAME OF FATHER <u>William W. Howe</u> | | (Signed) <u>W. E. McWhorter</u> <u>1-29</u> 191 <u>7</u> (Address) <u>Safford, Ariz.</u> | |
| BIRTHPLACE OF FATHER (State or country) <u>Illinois</u> | | In deaths from VIOLENT CAUSES state MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | |
| MAIDEN NAME OF MOTHER <u>Barbara B. Mills</u> | | LENGTH OF RESIDENCE _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. | |
| BIRTHPLACE OF MOTHER (State or country) <u>Canada</u> | | Former or Usual Residence _____ | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| (Informant) <u>Harold W. Birden</u> | | Filed <u>1-31</u> 191 <u>7</u> <u>W. V. Thorpe</u> Local Registrar | |
| (Address) <u>Safford, Ariz.</u> | | Filed <u>2-8</u> 191 <u>7</u> <u>J. N. Foster</u> County Registrar | |
| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL OR REMOVAL _____ 191_____ | | |
| UNDERTAKER | ADDRESS | | |